

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF ARKANSAS  
HOT SPRING DIVISION

FILED  
US DISTRICT COURT  
WESTERN DISTRICT  
OF ARKANSAS  
Dec 3, 2018  
OFFICE OF THE CLERK

Richard R Patton  
(Enter above the full name of the Plaintiff  
in this action.)

120570

Prisoner ID No. \_\_\_\_\_  
(Do Not Put Your Social Security Number) \_\_\_\_\_

V.

CASE NO. 18-6121

① Phillip GLOVER  
② WALTER WHITE  
③ ARKANSAS COMMUNITY CORRECTION  
(Enter above the full name of the Defendant,  
or Defendants, in this action.)

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

B. If your answer to A is yes, describe each lawsuit in the space below including the exact Plaintiff name or alias used. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to previous lawsuit

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

2. Court (if federal court, name the district; if state, name the county): \_\_\_\_\_

3. Docket number: \_\_\_\_\_

4. Name of judge to whom case was assigned: \_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

(Revised 04/2015)

II. Place of Present Confinement: NORTH CENTRAL UNIT

III. There is a written prisoner grievance procedure in the Arkansas Department of Correction and in your county jail. Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the state or county written prisoner grievance procedure?

Yes ✓ No       

B. If your answer is YES, attach copies of the most recent written grievance(s)/response(s) relating to your claims showing completion of the grievance procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT. If copies are not available, list the number assigned to the grievance(s) and the approximate date it was presented.

C. If your answer is NO, explain why not: AFTER BEING INFORMED  
THAT THIS MATTER WAS NOT GRIEVABLE, COMPLAINT WAS  
ADDRESSED IN WRITTEN APPEAL TO ARKANSAS PAROLE BOARD.

IV. Parties

(In item A below, place your name in the first blank and place your present address in the second blank.)

A. Your Full Name: Richard R Patton  
Address: 10 PRISON CIRCLE Rd  
CALICO ROCK ARKANSAS 72519

(In Item B below, place the full name of the Defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Do Not List Witnesses.

You may not name the jail as a Defendant. The jail is a building and cannot be sued.

B. Read carefully and fill out all information sought.

1. Defendant #1

Full Name: Phillip GLOVER

Position: SUPERVISION SANCTION PROGRAM WARDEN

Place of Employment: OMEGA TECHNICAL VIOLATOR CENTER

Address: 104 WALCO LANE  
MALVERN AR 72104

**2. Defendant #2**

Full Name: WALTER WHITE

Position: SUPERVISION SANCTION PROGRAM MAJOR

Place of Employment: OMEGA UNIT

Address: 104 WALCO LANE  
MALVERN AR 72104

**3. Defendant #3**

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

**4. Defendant #4**

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

**5. Defendant #5**

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

**6. Defendant #6**

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

- V. At the time of the alleged incident(s), were you:  
(check the appropriate blank)

\_\_\_\_\_ in jail and still awaiting trial on pending criminal charges  
 \_\_\_\_\_ serving a sentence as a result of a judgment of conviction  
☒ in jail for other reasons (e.g., alleged probation violation, etc.)

Explain: SERVING A 180 DAY SANCTION  
SENTENCE AT OMEGA UNIT SANCTION PROGRAM

Please provide the date of your conviction or probation or parole revocation:

10-17-2018

VI. Statement of Claim

State every ground on which you claim that one or more of the Defendants violated your federal constitutional rights. For example, if you have an excessive force claim and a denial of medical care claim, you must fill out a separate section for each different claim. This section should be limited to the facts of your claim.

With respect to each claim, briefly describe the actions taken by each Defendant who you believe was involved in violating your rights. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. (Use as much space as you need. Attach extra sheets if necessary.)

Claim Number # 1:

Type of Claim (for example: excessive force, denial of medical care, etc.):

FALSIFIED DOCUMENTS AND STATEMENTS SUBMITTED TO STATE OFFICIALS

Date of the Occurrence: 9-14-2018

Name of each Defendant involved: WARDEN Phillip GLOVER  
MAYOR WALTER WHITE  
ARKANSAS COMMUNITY CORRECTION

(A) With respect to Defendant (Name) Phillip GLOVER, describe the acts or omissions of this Defendant that form the basis for claim #1 and any harm caused by it.

Phillip GLOVER PURPOSELY SUBMITTED FALSIFIED DOCUMENTATION AND STATEMENTS TO STATE OFFICIALS, WITH THE INTENT OF MISLEADING STATE OFFICIALS IN A RECOMMENDATION PROCESS OF A REVOCATION



(VIDEO CAMERA FOOTAGE FROM DATES 8-18-2018 AND 8-19-2018)  
HEARING. THE FALSIFIED DOCUMENTATION AND STATEMENTS  
RESULTED IN ME BEING ARRESTED AND IMPRISONED. VIDEO CAMERA  
FOOTAGE FROM OMEGA UNIT RESIDENTS CHOWHALL WILL PROVE THAT  
THIS STATE OFFICIAL IS ENGAGING IN MISCONDUCT AND DEER.  
Are you suing this Defendant in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☒ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

FALSIFIED DOCUMENTS AND STATEMENTS WAS SUBMITTED TO STATE  
OFFICIALS, WITH THE INTENT OF DEFACTION OF CARRACTOR AND TO  
MISLEAD STATE OFFICIALS IN A OFFICAL HEARING PROCESS. MY RIGHTS  
TO HAVE MY EVIDENCE PRESENTED FOR MY DEFENSE WAS DENIED  
AND DISREGARDED. MY PAROLE WAS REVOKED UNDER FASLE DOCUMENTATION  
AND TESTIMONY AND STATEMENTS

(B) With respect to Defendant (Name) WALTER WHITE, describe the acts or omissions of this Defendant that form the basis for claim #1 and any harm caused by it.

OFFICER WALTER WHITE WAS ADMINISTERED AN OATH ON 10-17-2018  
THIS OFFICER PURPUSELY GAVE FALSE TESTIMONY AFTER BEING ADMINISTERED  
AN OATH. MADE SEVERAL CLAIMS OF HAVING OFFICAL STATEMENTS  
SUBMITTED FROM ME THAT DOES NOT EXIST. VIDEO CAMERA FOOTAGE WILL PROVE  
THAT THIS STATE OFFICAL REPRESENTING THE STATE PURPUSELY GAVE FALSE  
STATEMENTS AND TESTIMONY IN A OFFICAL HEARING. PAROLE WAS REVOKED UNDER  
FALSIFIED CIRCUMSTANCES SUCH AS TESTIMONY AND DOCUMENTATIONS.  
Are you suing this Defendant in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☒ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

A STATE OFFICAL REPRESENTING THE STATE GAVE FASIFIED TESTIMONY AND STATEMENT IN A OFFICAL HEARING. REFUSED ME OF MY RIGHTS TO PRESENT THE EVIDENCE THAT WOULD'VE PROVED THAT I WAS NOT IN VIOLATION OF WHAT BEING ACCUSED OF, AND WOULD'VE PROVED THAT THIS OFFICER IS ENGAGING IN MISCONDUCT BY REPRESENTING THE STATE USING FALSE TESTIMONY AND STATEMENTS IN A OFFICAL HEARING, WITH THE INTENT OF HAVING MY PAROLE REVOKED UNDER FALSE CIRCUMSTANCES.

(C) With respect to Defendant (Name) WALTER WHITE, describe the acts or omissions of this Defendant that form the basis for claim #1 and any harm caused by it.

SUBMITTING FALSIFIED TESTIMONY TO A STATE OFFICAL IN A OFFICAL REVOCATION HEARING. THE FALSE TESTIMONY RESULTED IN MY PAROLE BEING REVOKED, AND ME BEING SENT BACK TO PRISON. THIS OFFICER CLAIMED TO HAVE EVIDENCE THAT DOES NOT EXIST. AND MY REQUEST TO PROVE THAT THE EVIDENCE DOES NOT EXIST WAS DISREGARDED ALONG WITH REQUESTED VIDEO CAMERA FOOTAGE

Are you suing this Defendant in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☒ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

MY PAROLE WAS REVOKED BECAUSE OFFICER WALTER WHITE GAVE FALSE TESTIMONY TO A STATE OFFICAL CLAIMING THAT I WROTE A OFFICAL STATEMENT STATING THAT I REFUSE TO KOOPERATE IN THE PROGRAM I WAS SANCTIONED TO. THAT STATEMENT DOES NOT EXIST. VIDEO CAMERA FOOTAGE WILL PROVE THAT OFFICER WALTER WHITE ALSO GAVE FALSE TESTIMONY THAT CAUSED MY PAROLE TO BE REVOKED. THE ARKANSAS PAROLE BOARD WAS USED AS A WEAPON IN A HATE CRIME COMMITTED AGAINST ME, FOR FILING A COM PLAINTE ABOUT A THREAT MADE TO ME FROM MEMBERS OF THE AYKAN BROTHERHOOD. AND I WAS DENIED THE RIGHTS TO HAVE APPOINTMENT OF COUNSEL UPON REQUEST. SO THE EVIDENCE I REQUESTED WAS DISREGARDED, BECAUSE THE ONLY EVIDENCE RELIED UPON WAS THE REVOCATION HEARING REPORT. PAGE 6

(D) With respect to Defendant (Name) WALTER WHITE, describe the acts or omissions of this Defendant that form the basis for claim #1 and any harm caused by it.

THE EVIDENCE I REQUESTED WILL PROVE THAT THE TESTIMONY GIVEN TO A REVOCATION OFFICER FROM WALTER WHITE WAS FALSE MISLEADING INFORMATION. THE TESTIMONY GIVEN BY WALTER CAUSED FOR MY PAROLE TO BE REVOKED AND SENT BACK TO PRISON UNDER FALSE CIRCUMSTANCES

Are you suing this Defendant in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☒ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

MY PAROLE WAS REVOKED FOR CONDITION #9 COOPERATION WHICH MEANS WILLING TO WORK WITH OTHERS. WALTER WHITE GAVE TESTIMONY TO THE HEARING OFFICER CLAIMING TO HAVE A WRITTEN STATEMENT FROM REFUSING THE SANCTION PROGRAM. MY PAROLE WAS REVOKED BECAUSE OFFICER WALTER WHITE GAVE FALSE TESTIMONY CLAIMING TO HAVE A WRITTEN STATEMENT FROM ME REFUSING TO COOPERATE THAT ALLEGED STATEMENT DOES NOT EXIST.

Claim Number #2:

Type of Claim (for example: excessive force, denial of medical care, etc.):

Date of the Occurrence: \_\_\_\_\_

Name of each Defendant involved: \_\_\_\_\_

(A) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #2 and any harm caused by it.

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Are you suing this Defendant in his or her: (check the appropriate blank)

\_\_\_\_\_ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

\_\_\_\_\_ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

\_\_\_\_\_ both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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(B) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #2 and any harm caused by it.

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Are you suing this Defendant in his or her: (check the appropriate blank)

\_\_\_\_\_ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

\_\_\_\_\_ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

\_\_\_\_\_ both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**(C) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #2 and any harm caused by it.**

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Are you suing this Defendant in his or her: (check the appropriate blank)

\_\_\_\_\_ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

\_\_\_\_\_ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

\_\_\_\_\_ both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**(D) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #2 and any harm caused by it.**

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**Are you suing this Defendant in his or her: (check the appropriate blank)**

- ☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)
- ☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)
- ☐ both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**Claim Number # 3:**

**Type of Claim (for example: excessive force, denial of medical care, etc.):**

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**Date of the Occurrence:** \_\_\_\_\_

**Name of each Defendant involved:** \_\_\_\_\_

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**(A) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #3 and any harm caused by it.**

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**Are you suing this Defendant in his or her: (check the appropriate blank)**

\_\_\_\_\_ **official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)**

\_\_\_\_\_ **personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)**

\_\_\_\_\_ **both official and personal capacity**

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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(B) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #3 and any harm caused by it.

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Are you suing this Defendant in his or her: (check the appropriate blank)

\_\_\_\_\_ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

\_\_\_\_\_ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

\_\_\_\_\_ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

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(C) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #3 and any harm caused by it.

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Are you suing this Defendant in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☐ both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**(D) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #3 and any harm caused by it.**

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Are you suing this Defendant in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

☐ both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**Claim Number # 4:**

**Type of Claim (for example: excessive force, denial of medical care, etc.):**

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\_\_\_\_\_

**Date of the Occurrence:** \_\_\_\_\_

**Name of each Defendant involved:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(A) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #4 and any harm caused by it.**

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**Are you suing this Defendant in his or her: (check the appropriate blank)**

\_\_\_\_\_ **official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)**

\_\_\_\_\_ **personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)**

\_\_\_\_\_ **both official and personal capacity**

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**(B) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #4 and any harm caused by it.**

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**Are you suing this Defendant in his or her: (check the appropriate blank)**

\_\_\_\_\_ **official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)**

\_\_\_\_\_ **personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)**

\_\_\_\_\_ **both official and personal capacity**

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**(C) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #4 and any harm caused by it.**

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Are you suing this Defendant in his or her: (check the appropriate blank)

\_\_\_\_\_ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

\_\_\_\_\_ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

\_\_\_\_\_ both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**(D) With respect to Defendant (Name) \_\_\_\_\_, describe the acts or omissions of this Defendant that form the basis for claim #4 and any harm caused by it.**

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Are you suing this Defendant in his or her: (check the appropriate blank)

\_\_\_\_\_ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation.)

\_\_\_\_\_ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties.)

\_\_\_\_\_ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

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**VII. Relief**

If you are seeking to recover damages from the named Defendants, check the appropriate blank or blanks below for the type or types of damages that you are seeking:

- ☐ Compensatory damages (designed to compensate persons for injuries, such as physical pain and suffering, etc., that are caused by the deprivation of constitutional rights)
- ☒ Punitive damages (designed to punish a Defendant for engaging in misconduct and deter a Defendant and others from engaging in such misconduct in the future)

State briefly below any other relief you are seeking in this action. Make no legal arguments. Cite no cases or statutes.

I AM SEEKING ONE MILLION DOLLARS (\$1,000,000) FOR PUNITIVE DAMAGES DESIGNED TO PUNISH DEFENDANT FOR ENGAGING IN MISCONDUCT AND DETER A DEFENDANT AND OTHERS FROM ENGAGING IN SUCH MISCONDUCT IN THE FUTURE. AND I AM ALSO SEEKING TO HAVE THE DECISION OF MY PAROLE BEING REVOKED REVERSED AND RESUME SUPERVISION.

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed this 20 day of NOVEMBER, 2018.

Richard R Patton  
Printed Name of Plaintiff

Richard R Patton  
Signature of Plaintiff

CSN #

Warrant # PB 18008861

# WARRANT

FOR RETAKING PRISONER (Technical Violation)

TO ANY PAROLE OFFICER OR ANY LAW ENFORCEMENT OFFICER authorized to serve criminal process:

Whereas, Patton, Richard R., SS# 432-31-7537, ADC# 120570 was committed to the Arkansas Department of Correction, to serve a term of imprisonment, and said subject was conditionally released by order of the Arkansas Board of Parole;

AND WHEREAS, having reasonable cause to believe the above-named subject, a prisoner of the State of Arkansas, conditionally released, has violated the release agreement as alleged in a report from his/her supervising officer;

NOW THEREFORE, by virtue of the authority vested in the Board, I declare the release of said subject to be suspended and order that the subject be retaken and held in custody at any suitable detention facility pending disposition of the charges; I hereby authorize and require you to so retake subject; and for doing so, this shall be your sufficient warrant.

GIVEN under my hand and seal this 5th day of October, 2018.



for Arkansas Board of Parole

Note: Subject is listed as WANTED as a conditional release violator.  
If apprehended, notify the FBI, Arkansas State Police or Arkansas  
Community Correction.

I certify that I have this date rendered service of this warrant by  
delivering a true and exact copy to the above-named subject at

104 Walco Lane, Malvern, AR 72104

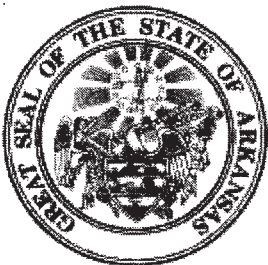
Maj. W. White / W. White  
Name

Officer  
Title

10/17/18  
Date

Receiving Official

Date



Arkansas Board of Parole



Omega Center

## REQUEST FOR INTERVIEW

Date: 10-7-2018Time: 9:00 amTO: AROOFFICE: MR ANDERSONFROM: PATTON  
(Resident's Name)ADC#: 120570JOB ASSIGNMENT: NASUPERVISOR: /WORKING HOURS: — TO —BKS: SEG

Give a detailed reason for the interview:

REQUEST ATTACHED!Can this be handled at the Residential Supervisor's level or Counselors Level: YES — NO — If No, Why?

Resident's Signature

Staff Signature

## ACTION TAKEN

Resident was advised that copies of his File would not be provided to him. He could submit a Formal Request to Review his Files to Mr. Glover. Also how he could request other things regarding his Revocation Hearing.



Staff Signature

10/11/2018

Date

NOTE: ALL REQUESTS FOR INTERVIEW SLIPS MUST BE DROPPED IN THE REQUEST FOR INTERVIEW BOX.

CC: Resident's File  
File

ARO: MR. ANDERSON,

10-7-2018

I WANT TO MAKE SURE THE FOLLOWING INFORMATION IS PRESENT IF I AM UP FOR REVOCATION, TAPE NUMBER 2018-08-039 (25:44 METER READING) SUMMARY OF EVIDENCE RELIED UPON TO MAKE A DECISION. VIDEO CAMERA FOOTAGE OF THE INCIDENT IN THE CHOW HALL. VIDEO CAMERA FOOTAGE OF THE CHOW HALL WORKERS BEING RELEASED FROM WORK AFTER THE INCIDENT ON 8-18-2018 OR 8-19-2018. THAT FOOTAGE WILL SHOW A RESIDENT COMING IN BARRACKS 12 FROM WORK AND WARNING ME TO BE CAREFUL AND WATCH MY BACK. I WANT A WITNESS STATEMENT FROM LT JACKSON AND CHOW HALL SUPERVISORS AS TO WHY ONE OF THE RESIDENTS THAT MADE THE THREAT WAS SUSPENDED FROM WORK FOR 2 WEEKS IF NO THREAT WAS MADE. THE PAROLE BOARD NEEDS TO SEE HOW THE DHC COMMITTEE ABRUSED ITS POWER AND AUTHORITY TO COVER UP AB MEMBERS CONDUCT, WITH ARO PRESENT. ALSO IF I AM UP FOR REVOCATION I REQUEST TAPE NUMBER 2018-09-015 AND SUMMARY OF EVIDENCE RELIED UPON TO MAKE A DECISION. ALSO REQUEST VIDEO TAPE OF MR. JONES CLASS FROM 9-09-2018 TO 9-14-2018. I AM REQUESTING ALL THE ABOVE EVIDENCE IF I AM UP FOR REVOCATION. ALSO I AM REQUEST THE NUMBER IF COMPLAINT FORMS I'VE SUBMITTED. CAN I PLEASE HAVE MY REQUEST BACK AND SIGNED SO THAT I HAVE PROFF THAT I DID REQUEST THE ABOVE EVIDENCE AND INFORMATION. I WOULD LIKE TO REQUEST DR. RUSHEFSKY IS WITNESS ALSO. THANK YOU.

Richard R PATTON #120570  
*Richard Patton*

**Arkansas Community Correction  
COMPLAINT FORM FOR RESIDENTS**

Richard Patton 120570 10-10-18  
Resident Name ACC # Date  
OMEGA NA  
Unit Assignment Job Assignment

A resident must first attempt to informally resolve complaints, grievances, problems, or incidents by submitting a "Complaint Form for Residents" or discussing the matter with an appropriate person such as a counselor, the Residential Supervisor assigned to his/her housing area, or the Shift Supervisor on duty. Note, this step is NOT required for emergency grievances and allegations of sexual abuse; the Resident Grievance and Appeal Process policy addresses these situations.

**Describe the Problem. If appropriate include a recommended solution:**

POLICY STATES THAT RESIDENTS SHALL HAVE THE OPPORTUNITY TO INITIATE GRIEVANCE PROCEDURE ON ANY CONDITION OR ACTION WITHIN THE PROGRAM WITHOUT BEING SUBJECT TO ANY ADVERSE ACTION. I WAS CHARGED WITH A CR-15 FOR REPORTING A THREAT MADE TO ME FROM OTHER RESIDENTS. THAT COMPLAINT WAS NOT MADE ON A OFFICAL STATEMENT. UNOFFICIAL STATEMENTS, SEE MAJOR RULE #2. FALSE ACCUSATIONS OR REPORTING, NOT CR-15 RESIDENT SHALL NOT submit FALSE OR MISLEADING OFFICAL STATEMENTS.

Richard Patton 10-10-18  
Signature of Resident Date  
**RESPONSE BY STAFF OR MEDICAL**  
10/11/2018 10/11/2018 C. Patton  
Date Received Date Resident was Seen Printed Name of Staff / Medical

Response / Action Taken:

You Filed a complaint on 8/19/2018 and Followed the complaint with a Grievance that was received on 8/21/2018 in my office both From you alleging Threats were made to you by the Argen Brotherhood. These threats could not be substantiated or proven. Complaints & Grievances are

**RESIDENT'S ASSESSMENT OF RESPONSE** considered OFFICAL statements,

- ☒ My complaint has been resolved and/or, I no longer want to pursue this matter.
- ☒ My complaint has NOT been resolved and I want to pursue this matter (options include submitting a grievance)

Richard Patton  
Resident's Signature  
10-11-18  
Date Signed

Staff/Medical: Send response to the ARO within 5 business days  
Copy: Resident

C. Patton 10/11/2018

AD 15-08

**Arkansas Community Correction  
GRIEVANCE FORM FOR RESIDENTS**

For ARO/Staff Use:

#

10/13/2018  
Date Received (by ARO/Staff)Name: Richard R Patton  
Print Resident's NameACC Number: 120570 Center: OMC 6AHousing Assignment: SEGJob Assignment: NA

Have you discussed this problem with a counselor or the Residential Supervisor assigned to your housing area or the Shift Supervisor on duty or attempted an informal resolution by submitting the "Complaint Form for Residents"? ☒ YES ☐ NO ☐ N/A If so, attach that document or provide an explanation below. Note, if you are submitting a grievance about sexual abuse, or filing this as an emergency grievance, you are NOT required to discuss this with anyone beforehand and you are NOT required to first use the "Complaint Form for Residents." Also, if you are concerned that the normal submission method will result in an accused person seeing this, you may submit this to another staff member.

Describe the problem: POLICY STATES THAT RESIDENT SHALL HAVE THE OPPORTUNITY TO INITIATE GRIEVANCE PROCEDURE ON ANY CONDITION OR ACTION WITHIN THE PROGRAM WITHOUT BEING SUBJECT TO ANY ADVERSE ACTION. I HAVE SUBMITTED SEVERAL COMPLAINTS AND GRIEVANCE THAT WERE CLAIMED TO HAVE NO MERIT BUT DID NOT RECEIVE CR-15'S

How can this situation be resolved? IF I DID NOT RECEIVE CARDINAL VIOLATIONS FOR OTHER COMPLAINTS AND NOT TO HAVE MERIT. I SHOULDN'T HAVE BEEN CHARGED WITH CR-15 FOR ALLEGEDLY RESIDENTS WILL NOT FALSELY ACCUSE OTHERS. (MR 01) FALSE ACCUSATIONS OR REPORTING

[Signature]

Signature of Resident

10-12-18

Date

IS THIS AN EMERGENCY SITUATION? ☐ YES ☒ NO

An emergency situation is one in which you may be subject to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature.

IF YES, WHY? (PROVIDE EXPLANATION): \_\_\_\_\_

If you marked YES, you may give this completed form to any officer or department employee, who will sign the attached Emergency Receipt, give you the Receipt, and deliver the form without undue delay to the Grievance Officer, ARO, Center Supervisor, or, in their absence, the Assistant Center Supervisor; however, if the grievance alleges a substantial risk of imminent sexual abuse, it must be immediately forwarded by the person receiving it or the Grievance Officer to the Center Supervisor, Deputy Director of Residential Services, and Internal Affairs Administrator.

REPRISALS: IF YOU ARE HARMED OR THREATENED BECAUSE OF YOUR USE OF THE  
GRIEVANCE FORM, REPORT IT IMMEDIATELY TO THE CENTER SUPERVISOR.

RECEIPT FOR EMERGENCY SITUATIONS (To be completed by the Receiving Officer or Employee)

Staff Name (Print): \_\_\_\_\_

From (Resident's Name): \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature of Receiving Staff Person



## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Patton, R.  
FROM: Anderson, C.  
DATE: 10/18/2018

ADC #: 120570  
TITLE: Adm Review Officer  
GRIEVANCE #: N/A

Please be advised, I have received your Grievance dated 10/12/2018 on 10/15/2018  
 You should receive communication regarding the Grievance by N/A .

C. Anderson

Signature of Adm Review Officer

**CHECK ONE OF THE FOLLOWING**

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☒ This Grievance was REJECTED because it was either:
- ☒ non-grievable (The following Grievance was answered in the complaint form. You were charged with CR-15 Residents must not submit False or Misleading official statements. The matters being found to have no merit in previous situations did not deal with you stating that there were threats being made against you. This Grievance was answered in the complaint form and resolved. For that Reason this is an non-grievable matter. ),
- ☐ untimely ( ),
- ☐ was a duplicate of ( ), or
- ☐ was frivolous or vexatious ( )

## INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is **limited** to what you write in the **space** provided below.

[illegible]

## Arkansas Community Correction

## COMPLAINT FORM FOR RESIDENTS

Richard Patton

Resident Name

120570

ACC #

10-10-2018

Date

OMEGA

Unit Assignment

NA

Job Assignment

A resident must first attempt to informally resolve complaints, grievances, problems, or incidents by submitting a "Complaint Form for Residents" or discussing the matter with an appropriate person such as a counselor, the Residential Supervisor assigned to his/her housing area, or the Shift Supervisor on duty. Note, this step is NOT required for emergency grievances and allegations of sexual abuse; the Resident Grievance and Appeal Process policy addresses these situations.

**Describe the Problem. If appropriate include a recommended solution:**

THE OMEGA DHC COMMITTEE IS ENGAGING IN MISCONDUCT AND DETER. THIS MISCONDUCT COULD CAUSE ME TO BE SENT BACK TO PRISON, I AM NOT FILING A COMPLAINT ABOUT THE CARDINAL VERDICT MY COMPLAINT IS ABOUT THE NEGLIGENCE OF DISREGARDING EVIDENCE THAT WOULD PROVE THAT I WAS NOT IN VIOLATION OR DID NOT VIOLATE A CARDINAL RULE

Richard Patton

Signature of Resident

10-6-2018

Date

## RESPONSE BY STAFF OR MEDICAL

10/11/2018

Date Received

10/11/2018

Date Resident was Seen

C. Patton

Printed Name of Staff / Medical

Response / Action Taken:

All information that was gathered <sup>and</sup> obtained during the course of Disciplinary process was submitted to the Disciplinary Hearing Committee. It was considered by the committee in the determination of the verdict in the DHC Hearing.

## RESIDENT'S ASSESSMENT OF RESPONSE

- ☐ My complaint has been resolved and/or, I no longer want to pursue this matter.
- ☒ My complaint has NOT been resolved and I want to pursue this matter (options include submitting a grievance)

Richard Patton

Resident's Signature

10-11-18

Date Signed

Staff/Medical: Send response to the ARO within 5 business days  
Copy: Resident

AD 15-08

**Arkansas Community Correction  
GRIEVANCE FORM FOR RESIDENTS**

For ARO/Staff Use:

#

10/15/2018  
Date Received (by ARO/Staff)
Name: Richard R PATTON  
Print Resident's NameACC Number: 120570Center: OMEGAHousing Assignment: SEGJob Assignment: NA

Have you discussed this problem with a counselor or the Residential Supervisor assigned to your housing area or the Shift Supervisor on duty or attempted an informal resolution by submitting the "Complaint Form for Residents"? ☒ YES ☐ NO ☐ N/A If so, attach that document or provide an explanation below. Note, if you are submitting a grievance about sexual abuse, or filing this as an emergency grievance, you are NOT required to discuss this with anyone beforehand and you are NOT required to first use the "Complaint Form for Residents." Also, if you are concerned that the normal submission method will result in an accused person seeing this, you may submit this to another staff member.

Describe the problem: VIDEO CAMERA FOOTAGE FROM DHC TAPE NUMBER 2018-08-039  
8-18-18 OR 8-9-18 CHOWHALL INCIDENT WILL PROVE THAT VIDEO WAS DISREGARDED  
TO COVER UP FOR AYRAN BROTHERHOOD CONDUCT. THE DHC COMMITTEE EVEN CLAIMS  
THAT THERE WAS NO SUCH EVIDENCE

How can this situation be resolved? EVIDENCE REVIEWED AND CHARGES DISMISSED

  
Signature of Resident
10-12-18

Date

IS THIS AN EMERGENCY SITUATION? ☒ YES ☐ NO

An emergency situation is one in which you may be subject to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature.

IF YES, WHY? (PROVIDE EXPLANATION): IF STAFF HERE IS WILLING TO COVER UP THE  
CONDUCT OF A HATE GROUP BY FALSELY ACCUSING ME OF LIEING. I DONT  
NO WHAT THEY ARE CAPABLE OF DOING NEXT

If you marked YES, you may give this completed form to any officer or department employee, who will sign the attached Emergency Receipt, give you the Receipt, and deliver the form without undue delay to the Grievance Officer, ARO, Center Supervisor, or, in their absence, the Assistant Center Supervisor; however, if the grievance alleges a substantial risk of imminent sexual abuse, it must be immediately forwarded by the person receiving it or the Grievance Officer to the Center Supervisor, Deputy Director of Residential Services, and Internal Affairs Administrator.

REPRISALS: IF YOU ARE HARMED OR THREATENED BECAUSE OF YOUR USE OF THE  
GRIEVANCE FORM, REPORT IT IMMEDIATELY TO THE CENTER SUPERVISOR.

RECEIPT FOR EMERGENCY SITUATIONS (To be completed by the Receiving Officer or Employee)

Staff Name (Print):

From (Resident's Name):

Date:

Time:

Signature of Receiving Staff Person



## Arkansas Community Correction

## COMPLAINT FORM FOR RESIDENTS

RICHARD PATTON

Resident Name

120570

ACC #

10-10-18

Date

OMEGA

Unit Assignment

NA

Job Assignment

A resident must first attempt to informally resolve complaints, grievances, problems, or incidents by submitting a "Complaint Form for Residents" or discussing the matter with an appropriate person such as a counselor, the Residential Supervisor assigned to his/her housing area, or the Shift Supervisor on duty. Note, this step is NOT required for emergency grievances and allegations of sexual abuse; the Resident Grievance and Appeal Process policy addresses these situations.

**Describe the Problem. If appropriate include a recommended solution:**

I HAVE SENT SEVERAL REQUEST TRYING TO MAKE SURE THE INFORMATION AND EVIDENCE IS PRESENT IF I AM UP FOR A REVOCATION HEARING, BUT I HAVE NOT RECEIVED ANY RESPONSES. IM REQUESTING TAPE NUMBER 2018-08-039 25:14 METER READING, PLUS SUMMARY OF EVIDENCE RELIED UPON TO MAKE DECISION AND VIDEO TAPE OF THE INCIDENT IN THE CHOWHALL ON 8-18-2018 OR 8-19-2018. I AM ALSO REQUESTING TAPE # 2018-09-015 AND SUMMARY OF EVIDENCE AND CLASS ROOM VIDEO FOOTAGE

Signature of Resident

Date

## RESPONSE BY STAFF OR MEDICAL

10/11/2018

Date Received

10/11/2018

Date Resident was Seen

C. J. [Signature]

Printed Name of Staff / Medical

## Response / Action Taken:

Resident has been advised that all information contained within the DAC Packets have been sent to the appropriate person for consideration regarding his Revocation hearing. Also advised resident of the process in which he may review the records

## RESIDENT'S ASSESSMENT OF RESPONSE Per AR 7.75

- ☐ My complaint has been resolved and/or, I no longer want to pursue this matter.
- ☒ My complaint has NOT been resolved and I want to pursue this matter (options include submitting a grievance)

Resident's Signature

10-11-18

Date Signed

Staff/Medical: Send response to the ARO within 5 business days  
Copy: Resident

C. J. [Signature] 10/11/18

AD 15-08



**Arkansas Community Correction  
GRIEVANCE FORM FOR RESIDENTS**

For ARO/Staff Use:

#

10/15/2018  
Date Received (by ARO/Staff)
Name: Richard R Patton  
Print Resident's NameACC Number: 120570Center: OMEGAHousing Assignment: OMEGAJob Assignment: SEG

Have you discussed this problem with a counselor or the Residential Supervisor assigned to your housing area or the Shift Supervisor on duty or attempted an informal resolution by submitting the "Complaint Form for Residents"? ☒ YES ☐ NO ☐ N/A If so, attach that document or provide an explanation below. Note, if you are submitting a grievance about sexual abuse, or filing this as an emergency grievance, you are NOT required to discuss this with anyone beforehand and you are NOT required to first use the "Complaint Form for Residents." Also, if you are concerned that the normal submission method will result in an accused person seeing this, you may submit this to another staff member.

Describe the problem: I DO NOT KNOW WHAT INFORMATION IS CONTAINED WITHIN THE DHC PACKETS. AND I AM NOT GETTING A AFFIRMATIVE ANSWER TO WHETHER OR NOT THE VIDEO CAMERA FOOTAGE FOR THE CHOWHALL WAS SENT TO THE APPROPRIATE PERSON CONSIDERATION REGARDING MY REVOCATION HEARING.

How can this situation be resolved? AFFIRMATIVE ANSWER TELLING ME THAT THE VIDEO CAMERA FOOTAGE FROM 8-18-18 OR 8-19-18, 12 BARRACK CHOW WILL BE PRESENT AT MY REVOCATION HEARING TO EXPOSE THE CORRUPTION OF OMEGA STAFF, AND PROVE THAT I AM ABOUT TO BE UNLAWFULLY IMPRISONED

Richard R. Patton  
Signature of Resident

10-12-18  
Date
IS THIS AN EMERGENCY SITUATION? ☒ YES ☐ NO

An emergency situation is one in which you may be subject to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature.

IF YES, WHY? (PROVIDE EXPLANATION):

If you marked YES, you may give this completed form to any officer or department employee, who will sign the attached Emergency Receipt, give you the Receipt, and deliver the form without undue delay to the Grievance Officer, ARO, Center Supervisor, or, in their absence, the Assistant Center Supervisor; however, if the grievance alleges a substantial risk of imminent sexual abuse, it must be immediately forwarded by the person receiving it or the Grievance Officer to the Center Supervisor, Deputy Director of Residential Services, and Internal Affairs Administrator.

REPRISALS: IF YOU ARE HARMED OR THREATENED BECAUSE OF YOUR USE OF THE  
GRIEVANCE FORM, REPORT IT IMMEDIATELY TO THE CENTER SUPERVISOR.

RECEIPT FOR EMERGENCY SITUATIONS (To be completed by the Receiving Officer or Employee)

Staff Name (Print):

From (Resident's Name):

Date:

Time:

Signature of Receiving Staff Person

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Patton, R.  
FROM: Anderson, C.  
DATE: 10/18/2018

ADC #: 120570  
TITLE: Adm Review Officer  
GRIEVANCE #: N/A

Please be advised, I have received your Grievance dated 10/12/2018 on 10/15/2018.  
You should receive communication regarding the Grievance by N/A.

C. Anderson

Signature of Adm Review Officer

### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☒ This Grievance was REJECTED because it was either:
- ☒ non-grievable (The following Grievance was answered in the complaint form. This matter referenced on the Grievance form was investigated and all information gathered was submitted to the DHC for review and determination of the verdict against you. This Grievance was answered in the complaint form and resolved. For that reason this is an non-grievable matter.),
  - ☐ untimely ( ),
  - ☐ was a duplicate of ( ), or
  - ☐ was frivolous or vexatious ( )

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is **limited** to what you write in the **space** provided below.

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## Arkansas Community Correction

## COMPLAINT FORM FOR RESIDENTS

Richard R Patton 120570 10-13-18  
 Resident Name ACC # Date  
OMEGA NA  
 Unit Assignment Job Assignment

A resident must first attempt to informally resolve complaints, grievances, problems, or incidents by submitting a "Complaint Form for Residents" or discussing the matter with an appropriate person such as a counselor, the Residential Supervisor assigned to his/her housing area, or the Shift Supervisor on duty. Note, this step is NOT required for emergency grievances and allegations of sexual abuse; the Resident Grievance and Appeal Process policy addresses these situations.

**Describe the Problem. If appropriate include a recommended solution:**

CENTER SUPERVISORS SUBMITTED FALSIFIED DOCUMENTS  
TO THE ARKANSAS PAROLE BOARD IN ORDER TO HAVE ME SERVED  
A WARRANT AND ARRESTED. A DEFAMATION OF CHARACTER IN THE  
PROCESS IN SUBMITTING A VIOLATION REPORT OF FACTS OF VIOLATIONS  
THAT ARE NOT TRUE. ALSO SUBMITTED A STATEMENT ON MY BEHALF CLAIMING  
THAT I REFUSE TO WORK THE PROGRAM ANYMORE. FALSIFIED DOCUMENT TO A  
STATE OFFICIAL.

Richard R Patton 10-13-18  
 Signature of Resident Date  
**RESPONSE BY STAFF OR MEDICAL**  
10/13/2018 10/19/18 C. A.  
 Date Received Date Resident was Seen Printed Name of Staff / Medical

Response / Action Taken:

No False documentation was submitted to State Officials From  
anyone here at the Omega Supervision Sanction Center. All information  
contained in your DHC files are True as well as accurate and  
were submitted as such.

## RESIDENT'S ASSESSMENT OF RESPONSE

- ☐ My complaint has been resolved and/or, I no longer want to pursue this matter.
- ☒ My complaint has NOT been resolved and I want to pursue this matter (options include submitting a grievance)

Levin V. V.  
 Resident's Signature  
10-19-18  
 Date Signed

Staff/Medical: Send response to the ARO within 5 business days  
 Copy: Resident

AD 15-08

C. A. 10/13/2018

## Arkansas Community Correction

## COMPLAINT FORM FOR RESIDENTS

Richard Patton 120720 10-18-18  
 Resident Name ACC # Date  
OMEGA NA  
 Unit Assignment Job Assignment

A resident must first attempt to informally resolve complaints, grievances, problems, or incidents by submitting a "Complaint Form for Residents" or discussing the matter with an appropriate person such as a counselor, the Residential Supervisor assigned to his/her housing area, or the Shift Supervisor on duty. Note, this step is NOT required for emergency grievances and allegations of sexual abuse; the Resident Grievance and Appeal Process policy addresses these situations.

**Describe the Problem. If appropriate include a recommended solution:**

I WANT TO MAKE SURE THE VIDEO CAMERA FOOTAGE WILL NOT BE DELETED FROM 8-17-18 UNTIL 8-21-18 THAT FOOTAGE WILL SHOW WHAT DROVE ME TO THE POINT OF INSANITY AND ATTORNEY WILL BE REQUEST FOR LEGAL MATTER. CENTER SUPERVISORS DOES NOT ANSWER MY REQUEST. I HAVE ALREADY REQUESTED THE MATTER

then

Richard Patton 10-18-18  
 Signature of Resident Date

## RESPONSE BY STAFF OR MEDICAL

10/19/2018 10/23/18 C. C.  
 Date Received Date Resident was Seen Printed Name of Staff / Medical

Response / Action Taken:

Resident has been advised of the process of how his attorney can obtain information.

## RESIDENT'S ASSESSMENT OF RESPONSE

- ☐ My complaint has been resolved and/or, I no longer want to pursue this matter.
- ☐ My complaint has NOT been resolved and I want to pursue this matter (options include submitting a grievance)

Richard Patton  
 Resident's Signature  
10-23-18  
 Date Signed

Staff/Medical: Send response to the ARO within 5 business days  
 Copy: Resident

C. C. 10/19/18

AD 15-08

## Arkansas Community Correction

## COMPLAINT FORM FOR RESIDENTS

Richard Patton

Resident Name

120570

ACC #

10-9-18

Date

OMEGA

Unit Assignment

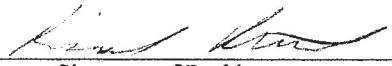
NA

Job Assignment

A resident must first attempt to informally resolve complaints, grievances, problems, or incidents by submitting a "Complaint Form for Residents" or discussing the matter with an appropriate person such as a counselor, the Residential Supervisor assigned to his/her housing area, or the Shift Supervisor on duty. Note, this step is NOT required for emergency grievances and allegations of sexual abuse; the Resident Grievance and Appeal Process policy addresses these situations.

## Describe the Problem. If appropriate include a recommended solution:

FAKSEIED DOCUMENTS WAS SUBMITTED TO THE PAROLE BOARD TO HAVE  
4 PAROLE REVOKED. I NEED TO KNOW WERE AND WHAT TIME DID I RECIEVE  
ANY DISCIPLINE FOR THREATENING KITCHEN WORKERS. WHO WAS THE CHARGING  
OFFICER AND I NEED A COPY OF THE TICKET, BOOKING SLIP OR WHATEVER THE  
DISCIPLINE WAS. THERE IS NO RECORD OF THIS, AND THE PAROLE BOARD SHOULD BE  
NOTIFIED ABOUT THE MISTAKE OR FALSE EVIDENCE PRESENTED.



Signature of Resident

10-9-18

Date

## RESPONSE BY STAFF OR MEDICAL

10/10/2018

Date Received

10/11/2018

Date Resident was Seen



Printed Name of Staff / Medical

## Response / Action Taken:

You did not receive a Cardinal Rule or Disciplinary For threatening  
Kitchen workers. You did receive a CR-17 on 08/08/2018 For  
making the statement you would fight anyone is placed in a Seg Cell  
with you. No Falsified documents were submitted to the Parole Board.

## RESIDENT'S ASSESSMENT OF RESPONSE

☒ My complaint has been resolved and/or, I no longer want to pursue this matter.

☒ My complaint has NOT been resolved and I want to pursue this matter (options include submitting a grievance)

Resident was advised of the  
process of obtaining access to his files  
for review.



Resident's Signature

10-11-18

Date Signed

Staff/Medical: Send response to the ARO within 5 business days  
Copy: Resident



AD 15-08



**Arkansas Community Correction  
COMPLAINT FORM FOR RESIDENTS**

Richard R Patton 120570 10-12-18  
Resident Name ACC # Date  
OMEGA NA  
Unit Assignment Job Assignment

A resident must first attempt to informally resolve complaints, grievances, problems, or incidents by submitting a "Complaint Form for Residents" or discussing the matter with an appropriate person such as a counselor, the Residential Supervisor assigned to his/her housing area, or the Shift Supervisor on duty. Note, this step is NOT required for emergency grievances and allegations of sexual abuse; the Resident Grievance and Appeal Process policy addresses these situations.

**Describe the Problem. If appropriate include a recommended solution:**

I HAVE BEEN ARRESTED AND SERVE A WARRANT BECAUSE OF  
FALSIFIED DOCUMENTS SUBMITTED TO THE PAROLE BOARD FROM  
CENTER SUPERVISORS. THIS ACTION IS ABOUT TO BE THE CAUSE  
OF ME BEING FALSELY IMPRISONED. I WILL NOT RECEIVE A FAIR  
HEARING BECAUSE THE WARRANT WAS ALREADY SERVED, AND CHARGES  
AGAINST ME HAVE BEEN INHANCED AND RIGGED UP.

[Signature] 10-12-18  
Signature of Resident Date  
**RESPONSE BY STAFF OR MEDICAL**  
10/15/2018 10/19/18 [Signature]  
Date Received Date Resident was Seen Printed Name of Staff / Medical

Response / Action Taken:

No False documentation was submitted to State Officials  
From anyone here at the Omega Supervision Sanction Center. All  
information contained in your DHC Files are True as well as  
accurate and were submitted as such.

**RESIDENT'S ASSESSMENT OF RESPONSE**

- ☐ My complaint has been resolved and/or, I no longer want to pursue this matter.
- ☒ My complaint has NOT been resolved and I want to pursue this matter (options include submitting a grievance)

[Signature]  
Resident's Signature  
10-19-18  
Date Signed

Staff/Medical: Send response to the ARO within 5 business days  
Copy: Resident

[Signature] 10/15/2018

AD 15-08



**Arkansas Community Correction  
COMPLAINT FORM FOR RESIDENTS**

RICHARD PATTON                      12057                      10-10-18  
Resident Name                      ACC #                      Date

OMEGA                      NA  
Unit Assignment                      Job Assignment

A resident must first attempt to informally resolve complaints, grievances, problems, or incidents by submitting a "Complaint Form for Residents" or discussing the matter with an appropriate person such as a counselor, the Residential Supervisor assigned to his/her housing area, or the Shift Supervisor on duty. Note, this step is NOT required for emergency grievances and allegations of sexual abuse; the Resident Grievance and Appeal Process policy addresses these situations.

**Describe the Problem. If appropriate include a recommended solution:**

THE OMEGA UNIT FALSIFIED DOCUMENTS IN MY VIOLATION REPORT TO MAKE MY VIOLATION REPORT LOOK WORSE THAN WHAT IT REALLY IS TO SALE IT TO THE PAROLE BOARD. I NEVER THREATENED AND WAS DISCIPLINED FOR THREATENING KITCHEN WORKERS. AND I DO NOT HAVE TWO PRIOR CARDINAL VIOLATIONS FOR THREATENING, INTIMIDATING ABUSE OF NON-STAFF. AND I RECEIVED CARDINALS FOR MAJOR AND HOUSE RULE VIOLATIONS I NEED A APPLICATION FORM FOR APPOINTMENT OF COUNSEL. AND 1983 FORMS

[Signature]                      10-10-18  
Signature of Resident                      Date

**RESPONSE BY STAFF OR MEDICAL**

10/11/2018                      10/11/2018                      C. A.  
Date Received                      Date Resident was Seen                      Printed Name of Staff / Medical

Response / Action Taken:

There was no documentation sent or provided to the Parole Board stating you threatened kitchen staff from Omega. You have one CR-17 Residents must not threaten, intimidate, bribe, or abuse a non-staff member. This incident occurred on 08/08/2018 while you were placed in

**RESIDENT'S ASSESSMENT OF RESPONSE** Segregation

- ☒ My complaint has been resolved and/or, I no longer want to pursue this matter.
- ☐ My complaint has NOT been resolved and I want to pursue this matter (options include submitting a grievance)

[Signature]  
Resident's Signature  
10-11-18  
Date Signed

Staff/Medical: Send response to the ARO within 5 business days  
Copy: Resident

[Signature] 10/11/18



**Arkansas Community Correction  
GRIEVANCE FORM FOR RESIDENTS**

For ARO/Staff Use:

#

10/15/2018

Date Received (by ARO/Staff)

Name: Richard R Patton  
Print Resident's NameACC Number: 120570Center: OMEGAHousing Assignment: SEGJob Assignment: NA

Have you discussed this problem with a counselor or the Residential Supervisor assigned to your housing area or the Shift Supervisor on duty or attempted an informal resolution by submitting the "Complaint Form for Residents"? ☒ YES ☐ NO ☐ N/A If so, attach that document or provide an explanation below. Note, if you are submitting a grievance about sexual abuse, or filing this as an emergency grievance, you are NOT required to discuss this with anyone beforehand and you are NOT required to first use the "Complaint Form for Residents." Also, if you are concerned that the normal submission method will result in an accused person seeing this, you may submit this to another staff member.

Describe the problem: I HAVE PROFF THAT DUCUMENTS WERE FALSIFIED IN MY VIOLATION REPORT TO THE PAROLE BOARD IN ORDER TO MAKE ME LOOK MANECING. ALSO FABRICATED A SUBJECT'S STATEMENT STATETING I REFUSE TO WORK THE PROGRAM ANYMORE

How can this situation be resolved? HAVE THE REVOCATION WARRANT REMOVED AND SUBMIT A VIOLATION REPORT WITHOUT FALSE DOCUMENTS

Richard Patton  
Signature of Resident

10-11-18

Date

IS THIS AN EMERGENCY SITUATION? ☐ YES ☒ NO

An emergency situation is one in which you may be subject to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature.

IF YES, WHY? (PROVIDE EXPLANATION):

If you marked YES, you may give this completed form to any officer or department employee, who will sign the attached Emergency Receipt, give you the Receipt, and deliver the form without undue delay to the Grievance Officer, ARO, Center Supervisor, or, in their absence, the Assistant Center Supervisor; however, if the grievance alleges a substantial risk of imminent sexual abuse, it must be immediately forwarded by the person receiving it or the Grievance Officer to the Center Supervisor, Deputy Director of Residential Services, and Internal Affairs Administrator.

REPRISALS: IF YOU ARE HARMED OR THREATENED BECAUSE OF YOUR USE OF THE  
GRIEVANCE FORM, REPORT IT IMMEDIATELY TO THE CENTER SUPERVISOR.

RECEIPT FOR EMERGENCY SITUATIONS (To be completed by the Receiving Officer or Employee)

Staff Name (Print):

From (Resident's Name):

Date:

Time:

Signature of Receiving Staff Person

ADC #: 120570  
TITLE: Adm Review Officer  
GRIEVANCE #: N/A

C. Anderson  
Signature of Adm Review Officer

**CHECK ONE OF THE FOLLOWING**

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☒ This Grievance was REJECTED because it was either:
- ☒ non-grievable (The following Grievance was answered in the complaint form in which you stated that it was resolved and you no longer wanted to pursue this matter. You were advised that no false documentation was submitted to the Parole Board as well as there were corrections made regarding the documentation you stated was falsified prior to your revocation hearing. This Grievance was answered in the complaint form and resolved. For that reason this an non-grievable matter.),
- ☐ untimely ( ),
- ☐ was a duplicate of ( ), or
- ☐ was frivolous or vexatious ( )

## INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is **limited** to what you write in the **space** provided below.

[illegible]



## Arkansas Community Correction

## COMPLAINT FORM FOR RESIDENTS

RICHARD R PATTON 120570 10-19-18  
 Resident Name ACC # Date  
OMEGA NA  
 Unit Assignment Job Assignment

A resident must first attempt to informally resolve complaints, grievances, problems, or incidents by submitting a "Complaint Form for Residents" or discussing the matter with an appropriate person such as a counselor, the Residential Supervisor assigned to his/her housing area, or the Shift Supervisor on duty. Note, this step is NOT required for emergency grievances and allegations of sexual abuse; the Resident Grievance and Appeal Process policy addresses these situations.

Describe the Problem. If appropriate include a recommended solution:

AT MY REVOCATION HEARING I RICHARD R PATTON #120570

AND MAJOR W. WHITE SOLEMNLY SWORN TO TELL THE TRUTH. MAJOR WHITE  
DID NOT TELL THE TRUTH. HE GIVE FALSE STATEMENT THREW OUT THE HEARING.  
AFTER BEING SOLEMNLY SWORN IN TO TELL THE TRUTH, MAJOR WHITE TOLD THE  
HEARING OFFICER THAT I WAS PLACED IN SEGREGATION ON 9-14-18 FOR REFUSING  
TAFE ORDERS WHICH WAS FOUND NOT TRUE. HIS FIRST ATTEMPTED TO MISLEAD THE OFFICER

[Signature] 10/19/2018  
 Signature of Resident Date  
**RESPONSE BY STAFF OR MEDICAL**  
10/23/18 [Signature]  
 Date Resident was Seen Printed Name of Staff / Medical

## Response / Action Taken:

This is a non-Grievable matter. Any matter regarding  
Parole or the revocation process must be addressed through  
the Parole Board. Address: Two Union National Plaza Bldg.  
105 W. Capitol, Little Rock, Ar. 72201

## RESIDENT'S ASSESSMENT OF RESPONSE

- ☐ My complaint has been resolved and/or, I no longer want to pursue this matter.  
☒ My complaint has NOT been resolved and I want to pursue this matter (options include submitting a grievance)

[Signature]  
 Resident's Signature  
10-23-18  
 Date Signed

Staff/Medical: Send response to the ARO within 5 business days  
 Copy: Resident

[Signature] 10/19/18

AD 15-08

COMPLAINT CONTINUES ON THE BACK  
 OF THE PAGE

**Additional Information:**

Patton was sanctioned to 180 day SSP program on 5/31. He was transported to the unit on 8/1/18.

**History:**

On 9/14/18, Patton was in Substance Abuse class and walked out of the classroom without permission. The SAPL teaching the class asked Patton where he was going. Patton said he was going to lay down and was not going to do this anymore. The SAPL asked if he was saying that he doesn't want to do the program anymore. Patton said yes, he's not going to do anything to anyone. The SAPL told CO I Sesser that Patton had walked to the double door on the North side and he doesn't want to do the program anymore. Patton was charge with CR 12 and recommended for transfer to ADC. On 8/21/18 Patton was disciplined for threatening to kick the ass of all the kitchen workers because they would not give him bigger portions of food. Patton submitted a statement to the Shift Supervisor on duty, alleging that he had received threats from the Aryan Brotherhood and that they were giving him less than the standard portion of food that is required by policy. No evidence was found on camera footage or by witness statements taken that Patton's allegations were false. There were also two prior cardinal violation for threatening, intimidating, abuse of non-staff and one for refusing to follow orders by staff.

**Facts of Violation:****Subject's Statement:**

He feels like he is being picked on by the Substance Abuse Program Leader and refuse to work the program anymore.

**Violations:**

Condition #9 Cooperation: While housed at Omega SSP the offender has been found guilty of committing the following cardinal rule violations:  
9/14/18 CR12 Residents must not refuse to follow orders by staff  
8/21/18 CR15 Residents must not submit false or misleading official statements  
8/8/18 CR12 Residents must not refuse to follow orders by staff  
8/8/18 Residents must not refuse to follow orders by staff  
8/8/18 Residents must not threaten, intimidate, bribe, or abuse a non-staff members

**Potential witnesses at the Revocation Hearing may include:****Warrant:**

Type:

☐ Absconder ☒ TV ☐ Reprimand

PPO

Name: Razer, TiffanyDate: 10/03/2018 Time: 14:10:34

Parole Board Decision:

Type:

☐ No Warrant Issued ☐ Absconder ☒ TV ☐ Reprimand

PB

Name: Swanigan, LaKeshiaDate: 10/05/2018 Time: 08:29:15

*Sherry Endeale*

10/03/2018

Parole/Probation Officer's Signature

Signature Date

*FJC*

10/03/2018

PAROLE

**Arkansas Community Correction  
NOTICE OF PAROLE VIOLATION ACTION**

Offender Name: Patton, Richard R., PID#: 1120570, ADC#: 120570

It has been alleged that you have violated the condition(s) of your parole, as described on the attached violation report dated: 10/03/2018

If additional charges have been discovered after the violation report was written, they are:

**Comments**

The following information pertains to the revocation hearing process, please acknowledge by signing below.

1. You have the right to appear at a revocation hearing reasonably near to the location of the alleged violation (s) or your arrest. At the hearing the Hearing Examiner will determine whether you have violated a condition or conditions of your parole, and, if so, whether your parole should be revoked.
2. You may call witnesses to testify at the hearing, or you may present their written statements. You may present any documents or evidence that you think will assist you.
3. You may be represented by an attorney at the hearing. If you cannot afford an attorney and feel you need one, you may ask the Hearing Examiner to appoint one. There is no right to have an attorney appointed in every case, but the Hearing Examiner can appoint one in certain circumstances. Your parole officer will provide you an application form for appointment of counsel upon request.
4. You may confront and cross-examine witnesses against you unless the Hearing Examiner rules that there is good cause for not allowing confrontation.
5. You may ask to have the hearing postponed for good cause.
6. After the hearing, you will receive a written statement as to the evidence relied on and the reasons for the action taken.
7. The decision of the Hearing Examiner may be appealed in writing to the Arkansas Parole Board.

I have read (or had read to me) the above rights and charges and I understand them. I acknowledge receipt of a copy of referenced violation report.

Offender Name (Print)

Richard Patton

Offender's Signature

Date

Witness Name (Print)

Courney Darwin

Witness Signature

Date

10 9 18

Original: ADC Travel Pack  
Copy: File

Copy: Hearing Examiner  
Copy: Offender

(PPSM 38) DCC 706 S-5



Offender Name: Patton, Richard R., PID#: 1120570, ADC#: 120570

It has been alleged that you have violated the condition(s) of your parole, as described on the attached violation report dated: 10/03/2018

If additional charges have been discovered after the violation report was written, they are:

**Comments**

**CORRECTION TO FACTS OF VIOLATION ON VIOLATION REPORT DATED 10/3/2018:**

On 8/8/2018 Patton refused to participate in the program and was taken to segregation where he threatened to fight anyone placed in a cell with him. He was found guilty of refusing staff orders, and threatening/intimidating non-staff members on 8/13/18 and sanctioned to loss of privileges.

On 8/8/18 Patton refused orders to leave his cell to go to his intake dental screening. He was found guilty of refusing staff orders on 8/13/18 and sanctioned to loss of privileges for 15 days.

On 8/21/18 Patton submitted a statement to the Shift Supervisor on duty, alleging that he had received threats from the Aryan Brotherhood and that they were giving him less than the standard portion of food that is required by policy. No evidence was found on camera footage or by witness statements taken that Patton's allegations were true. He was found guilty of submitting false official statements on 8/29/18 and sanctioned to reduction to class IV, 30 days disciplinary detention, and recommended for transfer to ADC.

On 9/14/18, Patton was in Substance Abuse class and walked out of the classroom without permission. The SAPL teaching the class asked Patton where he was going. Patton said he was going to lay down and was not going to do this anymore. The SAPL asked if he was saying that he doesn't want to do the program anymore. Patton said yes, he's not going to do anything to anyone. The SAPL told CO I Cessor that Patton had walked to the double door on the North side and he doesn't want to do the program anymore. He was found guilty of refusing staff orders on 9/21/18 and sanctioned to reduction to class IV, 30 days disciplinary detention, and recommended for transfer to ADC.

The following information pertains to the revocation hearing process, please acknowledge by signing below.

1. You have the right to appear at a revocation hearing reasonably near to the location of the alleged violation (s) or your arrest. At the hearing the Hearing Examiner will determine whether you have violated a condition or conditions of your parole, and, if so, whether your parole should be revoked.
2. You may call witnesses to testify at the hearing, or you may present their written statements. You may present any documents or evidence that you think will assist you.
3. You may be represented by an attorney at the hearing. If you cannot afford an attorney and feel you need one, you may ask the Hearing Examiner to appoint one. There is no right to have an attorney appointed in every case, but the Hearing Examiner can appoint one in certain circumstances. Your parole officer will provide you an application form for appointment of counsel upon request.
4. You may confront and cross-examine witnesses against you unless the Hearing Examiner rules that there is good cause for not allowing confrontation.
5. You may ask to have the hearing postponed for good cause.
6. After the hearing, you will receive a written statement as to the evidence relied on and the reasons for the action taken.
7. The decision of the Hearing Examiner may be appealed in writing to the Arkansas Parole Board.

**Arkansas Community Correction  
NOTICE OF PAROLE REVOCATION HEARING**

TO: Patton, Richard R., PID# 1120570, ADC# 120570

You are hereby ordered to appear at a parole revocation hearing at:

Location: Omega SSC, 104 Walco Lane, Malvern, AR 72104

Date: 10/17/2018

Time: 09:30:00 AM

to determine whether or not you have violated one or more of the conditions of your parole and, if you are found in violation, to determine whether or not your parole will be revoked.


List below any individuals whom you wish to appear as witnesses:

	Name	Address	Telephone
VIDEO	DR. RUSHEFSKY		
	POSTAGE DE CHOW HAIL	W.C. JENK OR 8-18-18 OR 8-19-18	

It is your responsibility to contact your witnesses and to advise them of this hearing.  
If you need assistance, you may ask your Parole Officer.

I understand that a revocation hearing concerning my parole will be held at the location, date and time indicated above. I also understand that this is the only hearing that I will receive concerning my alleged parole violation and that a decision will be made following this hearing as to whether or not my parole will be revoked.

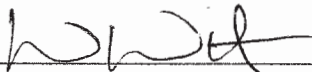
\*I have been advised of my right to have a 72 hour notice of said hearing, I hereby waive that right and agree to have the hearing on the date listed above.\*



Signature of Offender

10/15/18  
Date

I certify the above-named offender signed this document in my presence and was given a copy of this document on this date.



Signature of Parole Officer

10/15/18  
Date

Original: ADC Travel Pack  
Copy: Hearing Examiner, File, Offender

(PPSM 12) DCC 711



**ARKANSAS DEPARTMENT OF COMMUNITY CORRECTION  
Disciplinary Appeal Form**

Resident Richard Patton ACC# 120570 Date: 10/02/2018

Disciplinary Appeal Number: 2018-09-015 Advisor: Barry Jones

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**RESPONSE FROM THE DEPUTY DIRECTOR OF RESIDENTIAL SERVICES:**

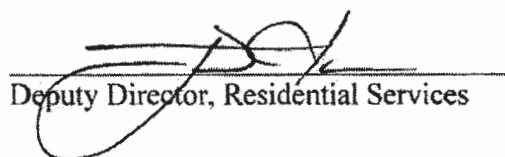
Affirm: X Reverse:            Modify:           

---

I am in receipt of your appeal of the Sanction imposed for cardinal rule violation CR12 which states residents must not refuse to follow orders by staff.

After a thorough review of the incident report and witness statements, I found no basis to over turn the decision of the Center Supervisor. All residents are expected to follow the Center rules at all times.

The decision of the Center Supervisor in this matter is upheld.

  
Deputy Director, Residential Services

10/2/2018  
Date

**\*Note: The decision of the Deputy Director is final.**

# ARKANSAS PAROLE BOARD

Asa Hutchinson  
Governor



John Felts  
Chairman

105 WEST CAPITOL – SUITE 500  
LITTLE ROCK, ARKANSAS 72201  
TELEPHONE: (501) 682-3850  
FAX: (501) 682-3860

## MEMORANDUM

TO: Richard Patton, ADC #120570  
FROM: Arkansas Parole Board  
DATE: November 8, 2018  
SUBJ: Appeal of Revocation Hearing

Your client's appeal of the revocation of their parole was presented to the Arkansas Parole Board.

After reviewing their written appeal and the revocation hearing report, the Board voted as follows:

X

The decision of the Hearing Judge is **affirmed**.

\_\_\_\_\_ The decision of the Hearing Judge is **reversed**, and they will resume supervision with all previous conditions in place.

\_\_\_\_\_ They are ordered to appear before the Board for a Parole Revocation Appeal Hearing for further consideration of the appeal.

\_\_\_\_\_ Your client's appeal was received on **10/24/18**, which is outside of the allowable 30-day timeframe. Therefore, it will not be considered by the Board.

A handwritten signature in black ink, appearing to read "John Felts".

\_\_\_\_\_  
COMMISSIONER on behalf of the  
Arkansas Parole Board

JF/sd

cc: State File  
File

Richard R Patton #120570  
NORTH CENTRAL UNIT  
118 PRISON Circle RD  
Calico Rock, AR 72519

NOV 29 2018

U.S. CLERKS OFFICE

WZ/AR

ORIGINATED  
FROM NCJ  
FACILITY

NEOPOST  
11/26/2018  
US POSTAGE



Sherry Gilbertson  
Pro Se Law Clerk  
35 East Mountain Street, Suite 2  
Fayetteville, AR 72701